

ignominious defeat out of the present and pending contests.

Most cordially yours,
D. B. WYLIE, M. D.

Salinas, Calif.

RE ANNUAL TAX—GOVERNMENT SERVICE.

Sacramento, Cal., May, 1919.

Dear Doctor:—

The 1919 Legislature has passed Senate Bill No. 405, introduced by Senator Sharkey of Martinez, Contra Costa County, "authorizing the State Board of Medical Examiners to refund taxes, fees and penalties collected by mistake, error or inadvertence, and providing an appropriation therefor."

His Excellency Governor Stephens has signed Senate Bill 405, approving the provisions thereof, which will become effective ninety days after date of the adjournment of the Legislature, and thereafter the Board is empowered to make refund of a tax or penalty paid by any licentiate in government service, as noted.

The Board of Medical Examiners has the honor and pleasure to inform you that an opinion, approved by Hon. U. S. Webb, Attorney General of California, has been rendered, which permits the Board of Medical Examiners to exempt from payment of the \$2.00 annual tax, those licentiates who gave their services to the National Government during the recent war as commissioned medical officers "in the United States army, navy or marine hospital, or public health service."

Any licentiate of the State of California who held a commission as a medical officer in the U. S. army, navy or marine hospital, or public health service, is exempt from the payment of the tax **while in the discharge of his official duties.** If a licentiate was so connected, either in California or elsewhere, for a period of time covering January 1st of one year to January 1st of the succeeding year, such licentiate is exempt from the tax. In the event that during the portion of any year the licentiate **was not so connected**, then the tax must be collected.

Proof of either exemption from tax or to claim refund will suffice if the licentiate forwards to the Board of Medical Examiners an affidavit containing a copy of both appointment and discharge further substantiated by statement therein of the exact date of commencement of service and termination thereof, with rank at date of discharge. If still on active duty the licentiate will so state.

We trust that you will bear with us until the new bill becomes operative, inasmuch as there is a tremendous amount of detail incident to checking up the large number of licentiates who demonstrated their fervent patriotism in aiding our government.

Yours very truly,
CHAS. B. PINKHAM,
Secretary-Treasurer.

DEFECTS IN CALIFORNIA'S INDUSTRIAL ACCIDENT INSURANCE LAW.

To the Editor: I desire to add my views, gained from years of experience in this particular field of practice, to those already expressed in your columns, with the hope that they may be of benefit to those who undertake in the near future to have enacted many much needed improvements in statutes now governing industrial accident insurance. I shall endeavor in each criticism to state plainly my grounds for the same.

In a recently published article one of my colleagues assailed the industrial accident insurance commission, the present insurance laws and their execution, as being disgustingly swallowed up in politics. I wish to take strong exception to his views, and state that through several years of intimate association with the industrial accident insurance commission and the state compensation fund I

have failed to see a single instance where I believe politics played a part in the administration of the present laws.

It must be remembered that the present statutes were enacted in the face of terrific political opposition and were far from what the good people who were the sponsors started to put through or desired. Many compromises had to be made in order to get any sort of a bill through the legislature, but it was a beginning, and a very good one under the circumstances, and as such has helped to educate and convince many of the fair-minded among the opposition, of the justice of the plan, so that they are now ready to assist in the work of improving the results of that faulty, but nevertheless honest effort.

I shall begin by cracking the hardest nut first. I heartily agree with those who favor the free elimination of choice of physician by the employee or employer, the choice to be left to the insurance carrier, for the reasons (1) that the insurance carrier has to pay the bill and consequently it is to his best interests to choose the most skillful in order that the most rapid and best results be obtained; and (2) he is more competent to select a good physician than the average workingman, who is very likely to select some physician who in his opinion had successfully confined his wife or some friend's wife, but who may be quite incapable of doing good work on a compound fracture. I know of an instance where it cost the insurance company \$2000 because it reluctantly yielded to the demand of the injured employee to have his family physician care for his Pott's fracture.

I believe that the fee schedule is generally too low, particularly for fractures and operative cases. In regard to the fees for first and subsequent visits I believe the present fee is just for office and hospital, but is too low for out and home calls, where more time is lost; consequently the mileage fee should be raised, or, what I believe would be even better, a charge at the rate of \$5 per hour by day and double that rate at night should be allowed, in addition to a charge for professional services; and furthermore, a charge should be added to cover traveling expenses in accordance with regular auto hire. Under the ruling of the Industrial Accident Insurance Commission, these latter charges are allowed only under conditions of extraordinary difficulties encountered by the surgeon, but even such charges are usually questioned by the insurance company, with the resultant difficulty in making the collection, as well as bad feeling between both parties concerned.

It is the custom for most insurance carriers to contract their medical service wherever possible. I contend that this is absolutely wrong, inasmuch as it is an injustice to both the surgeon and the workingman. The average surgeon is not familiar with the cost and is not possessed of a keen business sense for figuring on these points, and even if he is, he is a professional man and not a gambler, while insurance is purely a gambling business and as such the insurance company is amply provided to meet any extraordinary hazards; consequently I say most emphatically, let us adhere strictly to the fee schedule, let the insurance company take the chance and give the surgeon what he actually earns. Furthermore, I am sure the injured workingman will get better and more conscientious care under the fee-schedule rule. I believe that it is wrong and works directly against life and limb of the injured when the insurance policy carries the compensation end only, and the employer takes care of the medical service, in order to lessen his premium cost. I positively know of a company engaged in a very hazardous occupational business who, as soon as they changed their policy in order to cut down their premium, went out in search of a surgeon to take full charge of their accident work with an offer of only \$100 per month for his services, and mind you, the location

was isolated and the surgeon was expected to give his entire time to the company. At this time their plant was employing 1600 men with a daily average of twenty-five accidents. This instance is certainly frightful, and yet I know of others almost as bad if not its equal.

The State Industrial Accident Commission, the State Compensation Insurance Fund were created in good faith in order to give the workingman as well as the employer a square deal. It was also the initial aim of the latter to raise the standard of the surgeon's work and to see that he was better paid for his services, but with the loopholes in the laws that were enacted in the face of strong political opposition, it has been impossible to get good results all the way down the line. Tricksters in the insurance business have taken advantage of these loopholes in order to beat the injured man out of his compensation, the doctor out of his fee, and to beat the law of fixed premium rates. I know of one insurance company, not being able to get the business by underbidding its competitors, actually made "phoney" stockholders in its company of its policyholders and then gave them a fabulous dividend which was equivalent to at least one-half of the premium. This resulted directly against the interests of the injured man. I have in mind one of their contracts where a doctor was hired at a ridiculously small salary and during eight months of the life of this contract where 800 men were almost constantly employed, this company gave only one injured man a compensation check, and this was shaved at least one-third of the amount due. This company flourished by the amount of its nefarious business under the very eyes of the Industrial Accident Commission.

So now I say to all of my colleagues, let us not go off half-cocked and criticize, but get down to serious thinking, devoid of selfishness, listen to those who have gained knowledge by actual experience, and help to revise these laws in a manner to head off the trickster, give the workingman a square deal, protect the employer, and let the surgeon have what is justly due him.

CLYDE BRIGGS LAUGHLIN, M. D.,
Lieutenant, M. C., U. S. A.

Presidio of San Francisco, Cal., April 18, 1919.

County Societies

LOS ANGELES COUNTY.

The Los Angeles County Medical Association had its regular meeting April 3, 1919, at 8 p. m. in the Arrow Theatre of the Hamburger Building.

Dr. W. T. McArthur called the meeting to order, and, dwelling on the progress of aviation, he fittingly introduced Col. E. R. Lewis, M. D.

Dr. Lewis' subject was "Aviation Medical Development." He thought that in the air service there is something different in addition to what any other service required. The examinations covered everything of importance. The standard was necessarily high and the work correspondingly slow. One new thing was internal ear examination; that and the turning chair were interesting. There is an environmental difference, such as oxygen privation. A new field has thus opened up in general medicine. The air soldier differs from the ground soldier in that he cannot stand still. Motion must be at the rate of forty-five miles an hour before the machine can rise in the air. This motion is a potential for safety or disaster. The latter is obviated by means of the special senses which sense the motion. There are the surface tactile sense and the deep sensibility, then there is vision, and fourth, the internal ear sensing motion which is difficult to standardize. The hairs floating in the lymph of the internal ear will lag behind in a man turned to the right. When thus turning to the right the impulse goes to the cere-

bral sensorium, and vision verifies that he goes to the right. When blindfolded the impulses only come from the ear and obliges the recognition of location by the sense of touch. In turning to the right he knows how to estimate twenty seconds. These observations are used as a test to select the fit. After a flyer becomes proficient, he begins to indulge in stunts. Three hundred loops were turned in sixty-seven minutes, and 312 in sixty-six minutes, when the performer ran out of gasoline. The flyer must learn to estimate misinformation. Post-whirling vertigo has caused many fatalities. Like a baby sitting up and then falling to the side soon learns to guard itself from bumping its head due to incremental motion, the flyer senses the motion in the beginning and catches himself in time. The impulses from the internal ear are learned by prospective stunts. Using the ear for investigation determines something about the individual. Vertigo should be analyzed. A case complaining of vertigo can be diagnosed with accuracy. One hundred thousand individuals have been examined for adaptation to new environments.

Major Willard J. Stone, M. D., of Toledo, Ohio, spoke on "Scientific Surgery with Medicine." He dwelt on pneumonia as a disease of importance in Base Hospitals. Of four thousand cases there were 400 empyema cases, or 10 per cent.; 275 of 410 empyema cases were operated; thirty-five recovered under aspiration. Last February there was a fatality of 15 per cent. in pneumonia; 38 per cent. in streptococcus pneumonia, with a mortality of 15 per cent. There were different types, such as streptococcus with pneumococcus, streptococcus hemolyticus. Five to seven aspirations preliminary to operation, reduced the mortality to 16.5 per cent. Of ninety-four cases there was a mortality of 9.5 per cent. The thickness of the pus often makes aspiration difficult, but in filling the cavity with salt solution before aspiration and repeating until more comes out than was introduced, gives satisfactory results. In operating on the affected side, remember the height of the diaphragm, lest it be perforated and the abdominal cavity entered. In one series of cases 43.75 per cent. recovered, in another series 82.6 per cent., and in still another series 93.3 per cent. of streptococcus empyema recovered; a wonder so many recovered. When a pneumonia patient is not doing well, remember the five most common complications, i. e.: empyema, purulent pericarditis, nephritis, purulent peritonitis, substernal pus cavity. After operation there may be pneumonia on the opposite side. Peritonitis never occurs unless empyema was present.

Pasadena Branch.

The Pasadena Branch of the Los Angeles County Medical Association held its regular meeting at the Pasadena Hospital, Tuesday evening, April 8, 1919.

Subjects:

"A Few Observations of the Heart of Soldiers."

J. D. Condit, M. D.

"Head and Throat Complications in Influenza."

J. Ross Reed, M. D.

"Non-Tuberculosis Infections Following Influenza."

J. B. Luckie, M. D.

President, C. H. Parker, M. D.; Secretary, C. F. Metcalf, M. D.; Councillor, F. A. Speik, M. D.

Harbor Branch.

Regular meeting in Council Room, City Hall, Long Beach, March 28th.

Program.

"The Physician in Business Life."

R. A. Terry, M. D.

Discussion by Drs. W. L. Dickerson, F. W. Reynolds and H. H. Heylman.

"Benefits of Membership in the Medical Society of the State of California."

Harlan Shoemaker, M. D.

Sec'y-Treas. of L. A. Co. Med. Ass'n.